

## **TERMS AND CONDITIONS**

### **TERMS AND CONDITIONS OF USE**

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### **TERMS OF USE**

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### **HIPAA Notification Summary of Your Rights Regarding Your Private Health Information (PHI):**

1. You have the right to request our written Notice of Privacy Practices describing how we will protect your PHI and your rights related to PHI.
2. You have the right to request a limitation on our use and disclosure of your PHI.
3. You have the right to review or receive photocopies of our records that contain your PHI.
4. You have the right to request changes in the content of your PHI.
5. You have the right to request that we communicate with you in a confidential manner.
6. You have the right to obtain an accounting of our disclosures of your PHI.
7. You have the right to file a complaint without fear of retaliation.

### **Summary of Ways We May Use and Disclose Your Private Health Information (PHI):**

1. We will use and disclose your PHI as necessary to provide your health care products and services.
2. We will use and disclose your PHI to obtain reimbursement for your health care products and services.
3. We will use and disclose your PHI to conduct quality assessment, reviews, audits and administrative activities.
4. We will use and provide your PHI to our business associates so they can carry out the activities we need to have performed to provide your health care products and services. In providing your health care products and services it may be necessary to communicate with businesses and individuals not already described above.
5. We will use your PHI to communicate with you concerning your health and treatment.
6. We may disclose your PHI to federal and state government agencies for a variety of purposes.
7. Your PHI may be disclosed to the federal and state agencies paying for your health care products and services.
8. If a physical or mental health condition and illness is of a nature that federal or state law requires it be reported, we will disclose your PHI to the appropriate government agency in order to comply with these laws.
9. At any time we are required by federal or state laws, or by court order, subpoena or other legal mandate, to disclose your PHI to law enforcement officers, we will do so as necessary.
10. We will disclose your PHI when required to comply with a court order, subpoena, discovery proceeding, such as a deposition, or other legal mandate served upon us as a result of any legal proceeding.
11. We may disclose your PHI for the purpose of assisting in your prompt medical treatment and where necessary to protect the health and safety of others.
12. We will disclose your PHI to authorized government officials where necessary for national security, intelligence and counterintelligence activities including those where required for the protection of the President of the United States.
13. We may disclose your PHI, if you are a member of any branch of the armed services, whether active or reserve status as required by the U.S. Military.
14. We may disclose your PHI in accordance with HIPAA, if you are placed into a correctional system, a research project, to organizations that manage organ transplantation programs and for other miscellaneous reasons.

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#### **RETURNS**

You may return most new unopened items, which were not special orders within 14 days of delivery for a full refund. Items should be returned in their original packaging. We'll also pay the return shipping costs if the return is a result of our error (if you received an incorrect or defective item, etc.). All returns will be subject to a 15% restocking fee. Special order items may be returned at our discretion. We will not accept returns on merchandise that was opened, used, is missing the serial number or UPC, or returned more than 14 days after delivery. If you would like to make a return or exchange, you must contact us by phone or email and receive an RMA number before returning your items. Items returned to us without notification will not be eligible for a refund or exchange.

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